O 6 2001 TR	ANSMITTAL FORM  all correspondence after initial Pages in This Submission	filing) 4	Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	September Dennis M. 1711 Zemel, Irin 621P002c	formation 5  or 30, 2003  Hilton  na Sopjia	
Amendm A A Extension Express Information Certified Documer Reply to Incomple	smittal Form  ee Attached  ent/Reply  fter Final  ffidavits/declaration(s)  n of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority  tt(s)  Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53	Remai	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI	Address		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):
Firm Name	SIGNA	TURE C	OF APPLICANT, ATTO	RNEY, (	OR AG	ENT
Signature	Mac & Lemack	<del>.</del>				
Printed name	Kevin S. Lemack			****		
Date August 2, 2007				Reg. No.	32,579	)
I hereby certify the sufficient postage the date shown be signature	nat this correspondence is to as first class mail in an er	peing facsi	CATE OF TRANSMISS mile transmitted to the USPT dressed to: Commissioner fo	O or depo	sited witl	h the United States Postal Service with x 1450, Alexandria, VA 22313-1450 on

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/for suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name Kevin S. Lemack

Date

August 2, 2007



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Dennis M. Hilton et al.

Serial No.

10/674,745

Filed

September 30, 2003

For

FOAMED FIREPROOFING COMPOSITION AND METHOD

Examiner

Zemel, Irina Sopjia

Art Unit

1711

Confirmation No:

4209

Attorney

Docket No.

621P002c/pDiv.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## CORRECTED INFORMATION DISCLOSURE STATEMENT

The Examiner is respectfully requested to consider the documents, which are listed on the attached form PTO 1449.

The Information Disclosure Statement filed on January 3, 1007 inadvertently omitted the enclosed check in the amount of \$180.00 in payment of the fee pursuant to 37 C.F.R. §1.17(p).

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 2, 2007

Signature: Kevin S. Lemack August 2, 2007 Date:

Respectfully submitted,

S. Lemack Attorney for Applicants Registration No. 32,579 Nields & Lemack 176 E. Main Street Westboro, MA 01581 TEL: (508) 898-1818

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AUG 0 6 2007 (C) CORM PTO-1449	ATTY. DOCKET NO. 621P002c/pDiv.	SERIAL NO. 10/674,745
LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT	Dennis M. Hilton et al.	
	FILING DATE September 30, 2003	<b>GROUP</b> 1711

#### REFERENCE DESIGNATION

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	01.400		FILING DATE IF
	AA		DAIL	NAME	CLASS	SUBCLASS	APPROPRIATE
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## FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	COUNTRY		SUBCLASS	TRANSLATION	
			COUNTRY	CLASS		YES	NO
BA	101 10 917	10/2002	Germany				
BB	02/20423	3/2002	WO				X-SR
BC				<del></del>		X-SR	
BD			<del></del>				
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# OTHER ART (Including Author, Title, Date, Pertinent Pages, etc.)

	CA	Copy of the European communication dated 11/6/06
	СВ	
	CC	
EXAM	IINER	DATE CONSIDERED

EXAMINER: Initial reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SR=Cited in Search Report

Approved for use through 02/28/2007. OMB 0651-0032

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective of	, L	Complete if Known							
Fees Dirsuant to the Consolidated	" <b>L</b>	Application Number							
FEE I RANSIVII I AL				Filing Date	September 30, 2003				
For FY 2007				First Named Inventor	Dennis M	Dennis M. Hilton			
Applicant states and the	$\dashv$	Examiner Name	Zemel, Iri	na Sopjia					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1711	1711			
TOTAL AMOUNT OF PAYME		Attorney Docket No.	621P002d	:/pDiv					
METHOD OF PAYMENT (check all that apply)									
✓ Check Credit Card Money Order None Other (please identify):									
Deposit Account Depo	sit Account I	Number: <u>14-0930</u>		Deposit Account I	vame: Nield	s & Lemac	<u>k</u>		
For the above-identified			here	eby authorized to: (ched	k all that app	oly)			
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		or underpayments o	of fee	e(s) Credit any o	verpayments	i			
under 37 CFR 1. WARNING: Information on this for	rm may bec	/ :ome public. Credit card	d info	ormation should not be in	cluded on thi	s form. Provid	de credit card		
information and authorization on	PTO-2038.				<u></u>				
FEE CALCULATION									
1. BASIC FILING, SEARCI	H, AND E FILING F			CH FEES EXA	MINATION	FEES			
	<u>Sr</u>	mall Entity		Small Entity	Small	<u>Entity</u>	Fees Paid (\$)		
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2. EXCESS CLAIM FEES Fee Description					<u> </u>		Fee (\$)		
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Each independent claim		ncluding Reissues)				200	100		
Multiple dependent clai			_			360	180		
	xtra Claim	<del></del>	Fee	Paid (\$)	_	uitiple Depe ee (\$)	ndent Claims Fee Paid (\$)		
- 20 or HP = HP = highest number of total cla	aims paid for	_ x = _ r, if greater than 20.		<del></del>	1	66 141	1 00 1 010 101		
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- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
2 ADDI ICATION SIZE EEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S)  Non-English Specificat	tion, \$1	30 fee (no small ent	tity	discount)			Fees Paid (\$)		
Other (e.g., late filing s	urcharge)	): <u>IDS Filing Fee</u>					<u>\$180.00</u>		
SUBMITTED BY									
Signature 4/64	0()			Registration No.	)	Telephone	508-898-1818		

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Name (Print/Type) Kevin S. Lemack

(Attorney/Agent)

Date August 2, 2007